

Hypothesis Concerning Cause of Migraines

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Simon Edwards

Research Acceleration Initiative

Introduction

Migraine headaches are poorly understood and are currently blamed upon a family of proteins known as CGRP. This author believes this line of reasoning to be specious and has an alternative hypothesis which greatly differs from established doctrine.

Abstract

Women are five times as likely as men to suffer from migraines. The average age at the onset of migraine headaches is 13. Migraine headaches are known to be made worse and triggered by caffeine, a neuro-stimulant. Migraine headaches are known to be made worse by bright light. Women, as a group, are uniquely susceptible to another seemingly-unrelated disorder known as endometriosis.

In endometriosis, cells of a type which should properly be found only in the lining of the uterus are deposited upon the exterior of the uterus, the large intestine and the general area of the lower abdomen. This disorder is perhaps the best-known “tissue differentiation” disorder, although it is not the only one. Although the symptoms of endometriosis do not emerge until about the age of 13, the improper deposition of uteran tissues occurs during fetal development. A major reason why these tissues often differentiate improperly is because of their genetic similarity to one-another.

In neurology, the terms “white matter” and “gray matter” are used to describe two broad categories of brain tissue. In the study of the spinal cord; most people are unaware; the terms “white matter” and “gray matter” are also used, although the cells of the spinal cord are quite different from the cells of the brain. Immunologically, however, they are quite similar and can easily be mistaken for one another during fetal development.

While one reading about neurology might find this re-use of terms to be confusing, the body, I propose, is equally capable of confusion with regard to this matter. I propose that migraine headaches are actually the byproduct of an err in tissue differentiation between brain cells and spinal cord cells.

If brain cells were mistakenly introduced to the spinal cord, what might a person experience? I propose that they would experience precisely the same constellation of symptoms as do migraine patients. The brain cells improperly located in the spine could be expected to generate electricity which, when introduced to the spinal cord, travels to the brain and is interpreted as pain. Migraine patients report visual effects such as seeing a halo during migraine attacks. Migraine patients experience relief from symptoms when they use neuroleptic compounds (generally anti-psychotics) which nullify neural activity generally.

Further supporting this contention are headaches reported by individuals exposed to certain fumes, such as those associated with “new car smell.” Asians, who lack an enzyme needed for breaking down acrylic molecules, are susceptible comparable to migraine headaches when exposed to acrylic fumes and after consuming ethanol, which can combine into acrylic compounds within the body. It is my contention that acrylics can accumulate in the spine and cause ordinary conductive energy to be combined into individual fibers of the spine much as a road in which traffic from three lanes is forced to occupy a single lane. An over-abundance of electrical energy in any fiber is interpreted by the brain as pain.

Conclusion

These seemingly unrelated phenomena of migraines, hangover headaches and aromatic-induced headaches are, in fact, all caused by the introduction of electricity into the spine. It is easy to understand how the medical community failed to identify this fact for so many decades as even upon autopsy, brain tissue and spinal tissue is nearly impossible to visually distinguish, particularly when it has been integrated from the fetal stage of development. Nevertheless, the time has come to re-evaluate our fundamental assumptions concerning migraine headaches as they are a driver of a great deal of dysfunction and have been associated with neurological damage over time.